



REQUEST FOR ASSISTIVE TECHNOLOGY

State Form 50881 (5-02) / BCD 0081

Name of child	Name of county
Name of Service Coordinator	Telephone number (include area code) ()
Name of requesting Therapist	Date (month, day, year)

REQUEST	HCPC CODE	DESCRIPTION	MAXIMUM RATE
LOWER LIMB-HIP / KNEE (1 per year per limb)			
Quantity			
	L1680	Dynamic, pelvic control, adjustable hip motion control, thigh cuffs (<i>rancho hip action type</i>)	\$846.10
	L1850 KO	Swedish type	\$199.36
	L1855	Molded plastic, thigh and calf sections, with double upright knee joints, molded to patient model	\$768.31
	L1880	Double upright, non-molded thigh and calf cuffs / lacers with knee joints	\$586.58
	L1885	Single or double upright, thigh and calf, with functional active resistance control	\$742.79
LOWER LIMB-ANKLE-FOOT (1 per year per limb)			
Quantity			
	L1900 AFO	Ankle-foot orthosis (AFO); spring wire, dorsiflexion assist calf band	\$173.37
	L1902 AFO	Ankle gauntlet, custom fitted	\$53.96
	L1904 AFO	Molded ankle gauntlet, molded to patient model	\$301.13
	L1906 AFO	Multiligamentus ankle support	\$77.00
	L1910 AFO	Posterior, single bar, clasp attachment to shoe counter	\$208.04
	L1920 AFO	Single upright with static or adjustable stop (<i>Phelps or Perlstein type</i>)	\$296.84
	L1930 AFO	Plastic	\$179.18
	L1940 AFO	Molded to patient model, plastic	\$321.82
	L1945 AFO	Molded to patient model, plastic, rigid anterior tibial section (<i>floor reaction</i>)	\$727.79
	L1950 AFO	Spiral, molded to patient model (<i>IRM type</i>), plastic	\$528.71
	L1960 AFO	Posterior solid ankle, molded to patient model, plastic solid AFO	\$388.58
	L1970 AFO	Plastic molded to patient model, with ankle joint. Hinged AFO	\$464.06
	L1980 AFO	Single upright free plantar dorsiflexion, solid stirrup, calf bank/cuff (<i>double bar "BK" orthosis</i>)	\$292.75
	L1990 AFO	Double upright free plantar dorsiflexion, solid stirrup, calf bank/cuff (<i>double bar "BK" orthosis</i>)	\$291.31
LOWER LIMB-HIP-KNEE-ANKLE-FOOT (or any combination) (1 per year per limb)			
NOTE: L2000, L2020, and L2036 are base procedures to be used with any knee joint. L2010 and L2030 are to be used only with no knee joint.			
Quantity			
	L2000	Knee-ankle-foot orthosis (KAFO); single upright, free knee, free ankle, solid stirrup, thigh and calf bands / cuffs (<i>single bar "AK" orthosis</i>)	\$834.44
	L2010	Single upright, free ankle, solid stirrup, thigh and calf bands / cuffs (<i>single bar "AK" orthosis</i>), without knee joint	\$655.72
	L2020	Double upright, free knee, solid stirrup, thigh and calf bands / cuffs (<i>single bar "AK" orthosis</i>)	\$754.91
	L2030	Double upright, free ankle, solid stirrup, thigh and calf bands / cuffs (<i>single bar "AK" orthosis</i>), without knee joint	\$835.23
	L2035	Full plastic, static, prefabricated (<i>pediatric size</i>)	\$129.11
	L2036	Full plastic, double upright, free knee, molded to patient model	\$1,189.17
	L2037	Full plastic, single upright, free knee, molded to patient model	\$1,080.10
	L2038	Full plastic, without knee joint, multi-axis ankle, molded to patient model (<i>lively orthosis or equal</i>)	\$939.78
	L2039	KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, molded to patient model	\$1,639.94
TORSION CONTROL (1 per year per limb)			
Quantity			
	L2040	Hip-knee-ankle-foot orthosis (HKAFO); torsion control, bilateral rotation straps, pelvic band / belt	\$152.41
	L2050	Torsion control, bilateral torsion cables, hip joint, pelvic band / belt	\$366.50
	L2060	Torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band / belt	\$362.69
	L2070	Torsion control, unilateral rotation straps, pelvic band / belt	\$116.51
	L2080	Torsion control, unilateral rotation straps, hip joint, pelvic band / belt	\$277.70
	L2090	Torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band / belt	\$351.67
Signature of Service Coordinator		Date (month, day, year)	Signature of Therapist

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REQUEST	HCPC CODE	DESCRIPTION	MAXIMUM RATE
SHOE MODIFICATION (1 per year per limb)			
Quantity			
	L3000	Foot insert (removable)	\$80.00
	L3300	Lift, elevation; heel, tapered to metatarsal, per inch	\$17.00
	L3310	Heel and sole, neoprene, per inch	\$28.00
	L3320	Heel and sole, cork, per inch	\$50.00
	L3330	Metal extension (skate)	\$20.00
	L3332	Inside shoe, tapered up to one-half inch	\$ 6.00
	L3334	Heel, per inch	\$10.00
WEDGES (1 per year per limb)			
Quantity			
	L3040	Heel wedge, SACH	\$12.00
	L3350	Heel wedge	\$ 7.00
	L3360	Sole wedge; outside sole	\$ 7.00
	L3370	Between sole	\$ 8.00
	L3380	Clubfoot wedge	\$10.00
	L3390	Outerflare wedge	\$ 8.00
	L3400	Metatarsal bar wedge; rocker	\$15.00
	L3410	Between sole	\$20.00
	L3420	Full sole and heel wedge, between sole	\$11.00
MOBILITY DEVICES (1 time purchase only)			
	E0110	Crutches, forearm, includes crutches of various materials, adjustable or fixed, pair complete with tips and handgrips	\$66.03 \$13.39 (rental)
	E0111	Crutch forearm, includes crutches of various materials, adjustable or fixed each, with tip and handgrips	\$49.05 \$8.48 (rental)
	E0130	Walker, rigid (pickup), adjustable or fixed height	\$51.80 \$13.57 (rental)
	E0135	Walker, folding (pickup), adjustable or fixed height	\$69.57 \$15.16 (rental)
	E0143	Folding walker, wheeled, without seat	\$101.95 \$18.82 (rental)
	E0145	Walker, wheeled, with seat and crutch attachments	\$496.00 \$19.08 (rental)
	E0146	Folding walker, wheeled with seat	\$353.00 \$15.40 (rental)
	E0153	Platform attachment, forearm crutch, each	\$57.57
	E0154	Platform attachment, walker, each	\$50.88
	E0155	Wheel attachment, rigid pick-up walker, per pair	\$25.35
Signature of Service Coordinator		Date (month, day, year)	Signature of Therapist

POLICY/PROCEDURES FOR REQUESTING ASSISTIVE TECHNOLOGY APPROVAL

The Bureau of Child Development has made changes to the authorization process for Assistive Technology. These new procedures replace the existing authorization process for those items listed on the Assistive Technology Form.

FINAL

Assistive Technology request for approval policy and procedures

POLICY

Effective March 1, 2002, equipment listed on the First Steps Assistive Technology Form will no longer require **Prior Approval** from the Bureau of Child Development. In addition, the requirement for obtaining two bids has been eliminated for those items listed on the form, as there is an established Maximum State Rate. This list primarily contains orthotic and mobility devices. The approval process for hearing aides and hearing aide supplies will continue through use of the Audiology Authorization Form.

A Service Coordinator may submit a request for listed orthotics one time per IFSP year per extremity per limb without a prior approval, unless child is less than 90 days from his/her third birthday. Prior approval from the BCD consultant is required if child is less than 90 days from his/her third birthday. Prior approval is also required for all requests beyond the frequency of one time per IFSP year per extremity per limb.

Mobility devices listed may be requested on a one-time basis without prior approval, unless child is less than 90 days from his/her third birthday. Requests beyond the frequency listed require prior approval from the BCD consultant.

Any equipment **regardless of cost**, not listed on the First Steps Assistive Technology Form or Audiology Authorization Form, will require prior approval from the BCD Consultant. The current prior authorization process should be followed.

All Assistive Technology devices must relate to an outcome contained within the IFSP, be supported by the IFSP team, have a prescription from the child's primary care physician, include justification from the requesting therapist, and be written into the IFSP. All equipment requests require the correct HPCP Code. Requests submitted without the correct HCPC code cannot be data entered by the SPOE.

Examples of items that will **not** be authorized are those that are:

- Medical in nature,
- Items purchased over the counter without modifications,
- Therapeutic equipment,
- Do not relate to the child's development as recorded in the IFSP.

PROCEDURES

- Requesting therapist must complete Assistive Technology Form and send to service coordinator along with doctors order and justification. Requesting therapist should sign at the bottom of the AT Form
- Therapists should make clear on the AT form the quantity requested and total cost of the device, not to exceed the maximum rate listed on the AT Form
- Service coordinator should communicate request to all IFSP team members and seek input and discussions around related outcome(s),
- If team agrees, service coordinator will sign and date the bottom of the AT Form
- Service Coordinator will submit the Assistive Technology Form, change page with related outcome, therapist justification, and doctors order to the appropriate System Point of Entry for data entry
- System Point of Entry staff will enter the HCPCS code as the prior authorization number
- System Point of Entry staff may only enter an amount (cost of the device); not to exceed the maximum rate listed on the Assistive Technology Form